



**POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

**SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Greater Indianapolis Democratic Committee			3. Acronym or Abbreviated Name (if any) GRIDCO		
4. Mailing Address (Address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 155 E. Market St. Ste 400			5. E-mail Address (Optional)		
6. City Indianapolis	State IN	ZIP Code 46204	7. FAX (Optional)	8. Telephone (317) 637-3306	9. Committee Organization Date (MM-DD-YY)
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus.					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.			14. Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No Check party affiliation if applicable: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					

16. Chairperson's Name <input type="checkbox"/> Check if this is a new chairperson Joel Miller			17. E-mail Address (Optional)		
18. Mailing Address <input type="checkbox"/> Check if this is a new address 155 E. Market St. Ste 400 Indpls IN 46204			19. Telephone (Day) (317) 637-3306		20. Telephone (Evening)
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer			22. E-mail Address (Optional)		
23. Mailing Address <input type="checkbox"/> Check if this is a new address			24. Telephone (Day)		25. Telephone (Evening)
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian			27. E-mail Address (Optional)		
28. Mailing Address <input type="checkbox"/> Check if this is a new address			29. Telephone (Day)		30. Telephone (Evening)

31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)

PNC Bank

**SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer MARK A. DUNCAN	Signature of the Committee Chairperson Joel Miller
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**SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.

34. Typed or Printed Name of Treasurer MARK A. DUNCAN	Signature of Treasurer Mark A. Duncan	Date (MM-DD-YY) 4-14-14
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**SECTION D. CERTIFICATION OF STATEMENT**

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

35. Typed or Printed Name of Chairperson JOEL C. MILLER	Signature of Chairperson Joel C. Miller	Date (MM-DD-YY) 04-15-14
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Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

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FILED

APR 15 2014

Elizabeth A. White